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MN023801. Navy Medicine Remembers Sept. 11
MN023802. Health Support Office JAX Sailor Shares "Ground Zero" Experience
MN023803. Blood Donor Restrictions Also Apply to Retirees
MN023804. New Hypoxia Research Center Opens at NAMRL
MN023805. Navy Researcher Fits Fitness Program to SAR Swimmers
MN023806. Healthwatch: Gynecologic Cancer Awareness Month
-usn-

MN023801. Navy Medicine Remembers Sept. 11

By Jan Davis, Bureau of Medicine and Surgery

WASHINGTON, DC - Sept. 11, 2001 was one of those late summer days that made you linger before going through the doors to begin a new workday. In New York City, Washington DC and Pennsylvania, the weather was nearly the same - warm, clear, and dry, with sunny blue skies.

Then the first plane hit the WTC towers at 8:45 a.m.

Navy Surgeon General Vice Adm. Michael L. Cowan, Medical Corps, was holding his regular Tuesday morning brief with senior staff when a note scrawled on a yellow telephone message slip was passed to him by his public affairs officer. He immediately stopped the meeting.

"We're going to have to cut this short," he said. "This is a dark day for America. Terrorists have apparently crashed planes into the World Trade Centers. We need to get to work."

Barely three miles away and well within view of the Bureau of Medicine and Surgery, the day was well under way at the Pentagon. Some inside knew of the attack on the World Trade Center buildings. Others were oblivious, in meetings or going about their normal routine.

At 9:39 a.m., American Airlines flight 77, on its way from Washington Dulles airport to Los Angeles, fully loaded with fuel, was intentionally flown into the Pentagon. Sadly 189 people, including those on board the plane, were killed.

In the seconds, minutes, hours and days that followed these horrible acts, Navy Medicine steamed to assist.

Capt. Stephen Frost and Capt. John Feerick, both Medical Corps officers from the Bureau of Medicine and Surgery, were at the Pentagon when the plane hit. They felt a rumble, and raced to the crash site, the first wave of medical personnel to arrive. When officials screamed warnings of another plane, neither left their burned and injured patients. As the hours passed, they also began treating firefighters and other rescue personnel. They stayed all night and into the next day.

HMC Warren Terrell, also of BUMED, was at the Navy Annex overlooking the Pentagon during the attack. Terrell set up a triage area to aid burn victims in a nearby Marine Corps gymnasium.

Capt. William B. Durm and Lt. Sherma Saif, both Dental Corps officers at the Pentagon Triservice Dental Clinic, were in the clinic and were among the first on scene. They performed emergency triage and care for badly burned and injured victims, and even sought out survivors in debris-laden, burning rooms.

Lt. Cmdr. David Tarantino, Medical Corps, a flight surgeon and family practitioner assigned to the Office of the Assistant Secretary of Defense Peacekeeping and Humanitarian Affairs, along with Capt. David M. Thomas, rescued Jarrell Henson, injured and trapped under a burning desk and collapsed wall. Tarantino crawled through smoke and fire, under debris and around damaged electrical circuitry to Henson, who he helped free and provided emergency medical treatment until the badly injured man could be evacuated.

Through happenstance, these Navy Medicine heroes and others were at the Pentagon, able to help save lives in the minutes and hours that followed the attack. But Navy Medicine's assistance didn't end there.

Cmdr. John Knowles, Medical Service Corps, and Lt. (j.g.) Johanna Mills, Nurse Corps, and their team, all from National Naval Medical Center Bethesda's Special Psychiatric Rapid Intervention Team (SPRINT) worked tirelessly at a location near the Pentagon for weeks after the attack, providing one-on-one counseling and stress management. In the two weeks that followed the attack, it's estimated the team aided 1,500 individuals.

Wednesday afternoon, USNS Comfort (T-AH 20), its military treatment facility made ready, got underway to assist with the disaster response at the World Trade Centers. About 530 Navy Medicine health care providers from NNMCMC Bethesda, Naval Medical Clinics Quantico, Va., Newport, R.I., Groton, Conn., Patuxent River, Md., Naval Medical Center Portsmouth, Va., and Naval Dental Command Northeast were on board, to help treat expected casualties in New York City. However, in mid-transit their mission changed from medical treatment to one of humanitarian assistance and COMFORT spent the next weeks providing aid and respite to the rescue workers from Ground Zero.

These are just a few examples of the Navy Medicine response in the days immediately following the terrorists attack.

In all, more than 3,000 innocent men, women and children were killed in the terrorist attacks of Sept. 11.

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MN023802. Health Support Office Jax Sailor Shares

"Ground Zero" Experience

By JOC Bill Austin, Navy Health Support Office Jacksonville

JACKSONVILLE, Fla. - Remembering where he was when the World Trade Centers were hit a year ago will be easy for HM3 Johnny Rivera. He was there.

Rivera's brush with history began with a traffic jam inside the Lincoln tunnel.

"When I finally got out of the tunnel the news of what happened to the twin towers was all over the radio," he said. "I drove to the river side across the water from the towers and saw all the smoke. When I watched the second plane hit and the buildings fall, I knew then it was no accident."

Rivera said his first gut feeling was anger and described the mayhem that surrounded him. "Everything in the city seemed to stop. There are people behind me looking in shock, people getting out of their cars to look at the smoke. I remember thinking, 'I can't believe they did this to my city.'"

"I decided to do something about it and volunteered to help in any way I could," he said.

Rivera got his leave extended from the Health Support Office in Jacksonville and rolled up his sleeves.

"I went straight down to West Side Avenue," he said. "I walked past the crowd to a National Guard barricade and showed my military I.D. card and told him I was a Hospital Corpsman on leave from the Navy. I wanted to help," he said.

Rivera finally found his way through the tight security to the right people.

"I found my way to a rest station for the emergency medical service teams and started talking to some of the medical technicians," he said. "One said, 'Oh you're in the Navy? I was a Navy corpsman, too. You can come with us.'"

Rivera said that 20 minutes later his group was called out. The rescue team gave him a blue jacket emblazoned with a METRO CARE AMBULANCE patch on the back of it. It became a haunting souvenir of volunteer time at Ground Zero.

The first site they were dispatched to was too hazardous.

"This toxic smelling smoke was everywhere and debris was still falling. We had to move to another section," Rivera said. Their primary mission while sifting through the rubble was to find anything moving, or anything that's not supposed to be there. Treating fellow rescue workers and police officers became part of the job too.

"I treated one policeman who got hit by a piece of rock," he said. "He had a pretty deep gash on top of his head."

Rivera spent half a day at Ground Zero, seeking survivors and aiding other workers. Today, his blue rescue jacket hangs on his chair.

"I really feel like we made a difference there," said Rivera. "I feel like I'm a part of history."

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MN023803. Blood Donor Restrictions Also Apply to Retirees

WASHINGTON, DC - Some military retirees have been surprised and inconvenienced to find that they are no longer eligible to give blood, according to officials at the Armed Forces Blood Program Office (ASBPO). A substantial number of active-duty and retired military personnel cannot donate blood because of past duty assignments in the United Kingdom and Europe. The Armed Services Blood Program, which provides blood products for military hospitals and military readiness purposes, has increased its efforts to educate retirees of the restrictions, which were implemented last fall.

In the past few months many retirees have come forward to donate blood because of news reports calling for blood donation. However, some retirees are deferred from giving blood under the standards implemented last fall by the Food and Drug Administration. The standards were instituted as a precautionary measure against exposure to the human form of mad cow disease.

These retirees, as well as some active-duty personnel, cannot donate blood because of duty assignments in the United Kingdom and Europe. The FDA restricted donations from people who lived or traveled in these places during specified timeframes. DOD issued a policy based on that of the FDA, which defers retirees, military personnel and family members who meet any of the following criteria:

- Traveled or resided in the United Kingdom from 1980 through 1996 for a cumulative period of three months or more.
- Traveled or resided in Europe from 1980 through 1996 for a cumulative period of six months or more.
- Traveled or resided in the Europe from 1980 to the present for a cumulative period of five years or more.
- Received a blood transfusion in the United Kingdom since 1980.
- Received a bovine insulin product produced in the United Kingdom since 1980.

"We want to stress that retirees who are eligible to donate should continue to give blood to ensure DOD supplies are met," said Air Force Major Ronny Alford, deputy director, ASBPO.

To find out how you can give blood through the Armed Services Blood Program, contact your local military treatment facility.

For information on blood deferral policies and on risks associated with travel or assignment in the United Kingdom and Europe, visit the U.S. Army Center for Health Promotion and Preventive Medicine website, <http://chppm-www.apgea.army.mil/madcowdisease>.

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MN023804. New Hypoxia Research Center Opens at NAMRL

By Doris Ryan, Bureau of Medicine and Surgery

PENSACOLA, Fla.- The Hypoxia Research Center began operations at the Naval Aerospace Medical Research Laboratory (NAMRL), Pensacola, in August. The star of the new center is the Reduced Oxygen Breathing Device (ROBD), advanced technology developed by NAMRL researchers that will change the way aerospace medicine clinicians and researchers evaluate aviators under hypoxic conditions.

Hypoxia, a loss of oxygen to the brain, can occur rapidly at high altitude. Training for all aviators and aircrew candidates includes controlled exposure in an altitude chamber so they can experience the full onset of hypoxia, identify the symptoms and learn how to take appropriate actions to avoid losing consciousness and avert disaster. Refresher training every four years follows the initial training. ROBD offers an alternative to the altitude chamber for hypoxia refresher training. In any office or classroom space, using a standard aviation mask, a computer and a nitrogen gas canister, an ascent to 25,000 feet can be duplicated.

ROBD duplicates hypoxia at ground level and offers several advantages including no risk of altitude Decompression Sickness or barotraumas.

Weighing 40 pounds and measuring 20x32x12 inches, ROBD is extremely portable and can be operated by two instructors.

According to LCDR Merrill Rice, MC, USNR, who heads up the new center, "Data from our current studies suggest that not only does ROBD reproduce the symptoms of hypoxia, but it is actually more accurate in delivering simulated partial pressures of oxygen and nitrogen at altitude compared to the hypobaric chamber. Operationally, using ROBD with simulators will provide more realistic in-flight hypoxia training. We are working with the Naval Aviation Survival Training Program Directorate to provide a curriculum utilizing ROBD for hypoxia refresher training. The training will be platform-specific and may not apply to all aviation personnel who need to undergo training."

NAMRL is a human performance laboratory focusing on problems in naval aviation. The laboratory has an important and vital role in supporting fleet operations, mission effectiveness and aircraft design. Besides personnel selection, the laboratory's programs emphasize research in spatial disorientation, motion adaptation, vision, hearing, ergonomics and anthropometrics.

MN023805. Navy Researcher Fits Fitness Program to SAR Swimmers

PENSACOLA, Fla. - Navy Sea Air Rescue (SAR) swimmers arguably have one of the most physically demanding jobs in the world. They must have the strength of a body builder and the swimming ability of a competitive Olympian. They must be able to pluck drowning victims from storm-tossed oceans or raging rivers, or strong-arm prone victims down a mountainside. It may be the difference between life and death.

One person who knows better than anyone the physical demands of being a SAR swimmer is Lt. Cmdr Mike Prevost, Medical Service Corps. Prevost is an exercise physiologist at the Naval Aerospace Medical Research Laboratory in Pensacola. He and his research team have been studying just what skills and

strengths SAR swimmers must have in rescue tasks.

The result of his research effort is a new physical fitness program that will be officially implemented into the SAR community in April 2003.

"Our goal wasn't to build a general physical fitness program for all Sailors and Marines," said Prevost. "Our goal was to design a fitness program that makes a great rescue swimmer."

The fitness program was first tested at the Naval Aircrew Candidate School (NACCS) early this year by students moving on to the Aviation Rescue Swimmer School (ARSS). According to Senior Chief Petty Officer, Ken Thompson from the ARSS,

"We introduced the new PT program at NACCS in March and in just four months we noticed a 35 percent increase in the number of students qualifying on the fitness in-test for ARSS", said ARSS's Senior Chief Petty Officer Ken Thompson.

He said that it takes nearly a year to train a SAR swimmer. Once in the fleet, more than 90 percent remain swimmers until they leave the Navy, which means staying rescue-fit is a career-long endeavor.

"LCDR Prevost developed an entire program that can begin a lifestyle change for personnel entering the Navy and stay with them for their entire career," said Master Chief Petty Officer Frank Nelson, Chief of Naval Operations enlisted SAR model manager.

"This is the most rewarding project I have done at NAMRL because it will impact the way the fleet does business," said Prevost. "It's been a really rewarding experience from beginning to end."

There are about 1,800 SAR swimmers in the Navy.

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MN023806. Healthwatch: Gynecologic Cancer Awareness Month

By Aveline V. Allen, Bureau of Medicine and Surgery

Your health is important, and if you are a woman, this month highlights information just for you. Women of all ages should be aware of their gynecologic health as September is designated as Gynecologic Cancer Awareness Month.

Gynecologic cancer is cancer of the cervix, ovaries, uterus, fallopian tubes, vagina or vulva, according to the Gynecological Cancer Foundation (GCF). They report that a woman is diagnosed with a gynecologic cancer every seven minutes.

This month is a reminder to all women that they should educate themselves about the prevention, early diagnosis, and treatment of all gynecologic cancers.

There are four steps you can take to familiarize yourself with important information about gynecologic cancer, according to the GCF. They recommend the following:

- Get to know your family history,
- Conduct an on-line cancer risk assessment at www.wcn.org,
- Ask questions: educate yourself about gynecologic cancer, and
- Make an appointment for your annual gynecologic exam and Pap smear test.

It also helps to do your own personal research at home. Among some of the gynecologic cancers you should be especially aware of are ovarian, cervical, uterine, and vulvar cancers. Each of these cancers have certain risk factors and symptoms associated with them, according to GCF.

Risk factors for ovarian cancer include women in their 60s and 70s, having no or few children, and family history of ovarian cancer. Symptoms include loss of appetite, nausea or vomiting, and bloating. Unfortunately, these symptoms are so common in non-cancer conditions that they do not serve

as specific warning signs.

"Also, there is not yet a good screening test for ovarian cancer," said Cmdr. Terry A. Harrison, Medical Corps, Navy Medicine OB/GYN Specialty Leader, and a gynecologic cancer specialist at the Naval Medical Center San Diego. "Researchers are evaluating the use of ultrasound and a special blood test to pick up early ovarian cancer, but these have not yet been proven to be effective screening tests. A yearly gynecologic exam is your best defense."

Cervical cancer has risk factors that include unprotected sex, multiple sexual partners, and smoking. With this type of cancer you may experience bleeding after intercourse or heavier and longer lasting menstrual periods. Screening tests for cervical cancer are the Pap smear and a pelvic examination.

"Cervical cancer should be almost totally preventable with regular Pap smear screening," said Harrison.

Uterine cancer can be distinguished by certain risk factors, such as obesity, diabetes, and high blood pressure. Symptoms include abnormal bleeding, especially after menopause.

"If any bleeding occurs after menopause in a woman who is not taking hormone replacement therapy, she should be evaluated for possible uterine cancer," said Harrison. "A healthy lifestyle, good nutrition, and regular gynecologic exams including a Pap smear are the best ways to avoid the dangers of gynecologic cancer."

For more information on gynecological cancer, see <http://www.wcn.org/gcf/>.

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